

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000027990

**Entity Name:** LAKE MARY MODERN DENTISTRY, P.A.**Current Principal Place of Business:**3779 LAKE EMMA ROAD  
LAKE MARY, FL 32746**Current Mailing Address:**ATTN: LEGAL DEPT.  
17000 RED HILL AVENUE  
IRVINE, CA 92614**FEI Number:** 82-1004607**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNISEARCH, INC  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCCANN LEE, KATIE L.  
Address        ATTN: LEGAL DEPT.  
                 17000 RED HILL AVENUE  
City-State-Zip: IRVINE CA 92614

Title            SECRETARY  
Name            PHAM, MINH B.  
Address        ATTN: LEGAL DEPT.  
                 17000 RED HILL AVENUE  
City-State-Zip: IRVINE CA 92614

Title            CFO  
Name            GHAZAL, CAROLYN G.  
Address        ATTN: LEGAL DEPT.  
                 17000 RED HILL AVENUE  
City-State-Zip: IRVINE CA 92614

Title            DIRECTOR  
Name            MCCANN LEE, KATIE L.  
Address        ATTN: LEGAL DEPT.  
                 17000 RED HILL AVENUE  
City-State-Zip: IRVINE CA 92614

Title            DIRECTOR  
Name            GHAZAL, CAROLYN G.  
Address        ATTN: LEGAL DEPT.  
                 17000 RED HILL AVENUE  
City-State-Zip: IRVINE CA 92614

Title            DIRECTOR  
Name            PHAM, MINH B.  
Address        ATTN: LEGAL DEPT.  
                 17000 RED HILL AVENUE  
City-State-Zip: IRVINE CA 92614

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATIE MCCANN LEE, D.D.S.**PRESIDENT****04/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date